

Amendment to Original Application



ReliaStar Life Insurance Company
A member of the ING family of companies

Please return this completed form to your personnel, payroll, insurance or benefits office. The non-tobacco rate will be effective the first of the month following the signature date.

Group Name Washington State Health Care Authority		
Group Number 12373-1	Account Number	Certificate Number
Applicant Name - Please Print (<i>Last, First, M.I.</i>)		
Birth Date	Social Security Number	

For purposes of applying for the NON-TOBACCO USER RATES, I hereby amend my application for insurance dated _____ to include my and/or my spouse/state-registered domestic partner's answer to the following questions, agreeing that this amendment is to be made a part of my application and considered as a basis of the contract for insurance.

1. Have you and/or your spouse/state-registered domestic partner smoked cigarettes in the last 12 months? ☐ Yes ☐ No

2. Have you and/or your spouse/state-registered domestic partner used tobacco in any other form in the last 12 months? ☐ Yes ☐ No

If "Yes," give details: _____

NOTE: To qualify for the non-tobacco user discount, the employee and his/her spouse/state-registered domestic partner (if he or she is covered under Spouse Supplemental) must not have smoked cigarettes, cigars, or pipes or used chewing tobacco or nicotine gum within the past 12 months.

Dated at _____ this _____ day of _____, in the year, _____

Signature of Employee

Signature of Owner (if other than Employee)